

EXHIBIT 27

Case: 17-03283-LTS Doc#: 17493 Filed: 07/22/21 Entered :07/23/21 14:07:37 Desc: Main
Document Page 1 of 1

July 16, 2021

[Seal reading: RECEIVED & FILED CLERK'S OFFICE –
JUL 22, 2021 – US DISTRICT COURT SAN JUAN, PR]

**CLERK, UNITED STATES DISTRICT COURT
ROOM 150 FEDERAL BUILDING
SAN JUAN, PUERTO RICO 00918-1767**

**RE: CLAIM NUMBER (28177) GOVERNMENT EMPLOYEE RETIREMENT SYSTEM
CLAIM NUMBER (26027) FEDERAL MINIMUM SALARY
CLAIM NUMBER (27812) CONTINGENT (DAYS FOR SICK LEAVE)**

The reason for my claim against the employees' retirement system is that the Government of Puerto Rico used my contributions to the retirement system without obtaining authorization or submitting a formal request, including for payments to its creditors.

Furthermore, these actions, which it undertook without notice and without requesting authorization or consent from us, were a gross violation of (and detrimental to) public employees, rendering the system inoperative. With this clear violation of our rights, the government jeopardized our future security. Evidence of our contributions can be found in the statement issued by the retirement systems administration sent in the claim and thereafter. This additional basis for our claim and the period it covers are also described in documents we have included under the terms for the use of retirement contributions by the government of Puerto Rico.

As a consequence of these actions and poor practices, **Act no. 2-2013** was passed. This law reformed the systems, freezing pensions at the June 30, 2013 levels and eliminating benefits acquired under Act 447 on retirement systems and Act no. 1-1990, creating displacement and inequity among public employees.

On the other hand, the government of Puerto Rico, in gross violation of law and regulations relating to the compensation of public employees (**Act no. 5-1975, Act no. 89-1979, Act no. 184-2014, and Act no. 8-2017**) and equal pay for equal work, did not put pay scales in place to temper them to the minimum salaries paid from 1986 onwards, keeping them inoperative. We have not received any request from the wage adjustment department in relation to this claim.

I very respectfully request to the Court that this money be returned.

(Signed)
Luis Marcano García
839 Calle Añasco Apto. 811
San Juan, Puerto Rico 00925-2455
Cell: 787-547-4619
E-mail: lmelmajete42@gmail.com

CLERK, UNITED STATES
DISTRICT COURT
ROOM 150
FEDERAL BUILDING
SAN JUAN, P.R. 00918-1767

Case:17-03283-LTS Doc#:17493-1 Filed:07/22/21 Entered:07/23/21 14:07:37 Desc:

You may also submit your claim electronically by visiting <http://www.prc.primeclerk.com/puertorico/EPOC-Index>

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

MMLID: 283888

<input type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input checked="" type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

CDS 05/22/18

2018 MAY 22 AM 14

RECEIVED

- ☐ Date Stamped Copy Returned
☐ No Self-Addressed Stamped Envelope
☒ No Copy Provided

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

RECEIVED

MAY 24 2018

PRIME CLERK LLC

Part 1 / Parte 1 Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

¿Quién es el acreedor actual?

LUIS E. MARCANO GARCIA

Name of the current creditor (the person or entity to be paid for this claim)
Nombre del acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

45d

Other names the creditor used with the debtor
Otros nombres que el acreedor usó con el deudor

Claim Number: 28177



Proof of Claim

170328380006536

page 1

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2. Has this claim been acquired from someone else? ¿Esta reclamación se ha adquirido de otra persona?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Sí. ¿De quién?	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor? Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)	Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor? LUIS E. MARCANO GARCIA LUIS E. MARCANO GARCIA (DERECHO PROPIO) 839 CALLE AÑASCO APT. 811 SAN JUAN, PR 00925-2455 Contact phone / Teléfono de contacto Contact email / Correo electrónico de contacto	Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)
<div style="border: 1px solid black; padding: 5px;"><p>Luis E. Marcano García 839 Calle Añasco Apt. 811 San Juan, PR 00925 Contact phone: (787) 547 4619 Contact e-mail : lmelmajete42@gmail.com</p></div>		
4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Sí. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) Filed on / Presentada el (MM/DD/YYYY) / (DD/MM/AAAA)	
5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Sí. ¿Quién hizo la reclamación anterior?	
Part 2 / Parte 2: Give Information About the Claim as of the Petition Date Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.		
6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.primeclerk.com/puertorico/ .) Sí. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.primeclerk.com/puertorico/ .) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p><u>Department of the Family</u></p></div>	
7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / Si. Proporcionar la información adicional establecida a continuación: Vendor / Contract Number Número de proveedor / contrato: List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ <u>102,758.73</u>	

Modified Official Form 410

Proof of Claim

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12. Is this claim subject to a right of setoff? ☐ No / No
☒ Yes. Identify the property / Si. Identifique el bien: _____

¿La reclamación está sujeta a un derecho de compensación?

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? ☐ No / No
☒ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim. \$ _____

¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?

Si. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

Part 3 / Parte 3:

Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

- ☒ I am the creditor. / Soy el acreedor.
☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el May 15, 2018 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name

First name / Primer nombre Middle name / Segundo nombre Last name / Apellido

Title / Cargo

Company / Compañía

Identify the corporate servicer as the company if the authorized agent is a servicer. Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección

Number / Número Street / Calle City / Ciudad State / Estado ZIP Code / Código postal

Contact phone / Teléfono de contacto

Email / Correo electrónico

8. How much is the claim?

¿Cuál es el importe de la reclamación?

\$ 102,758.73

Does this amount include interest or other charges?

¿Este importe incluye intereses u otros cargos?

☒ No / No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

Si. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).

9. What is the basis of the claim?

¿Cuál es el fundamento de la reclamación?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.

Contributions to the Retirement system

10. Is all or part of the claim secured?

¿La reclamación está garantizada de manera total o parcial?

☐ No / No

☒ Yes. The claim is secured by a lien on property.

Si. La reclamación está garantizada por un derecho de retención sobre un bien.

Nature of property / Naturaleza del bien:

☐ Motor vehicle / Vehículos

☒ Other. Describe:

Otro. Describir:

Monthly deductions for retirement contributions

Basis for perfection / Fundamento de la realización de pasos adicionales:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.

Value of property / Valor del bien:

\$ 102,758.73

Amount of the claim that is secured /

Importe de la reclamación que está garantizado: \$

102,758.73

Amount of the claim that is unsecured /

Importe de la reclamación que no está garantizado: \$

102,758.73

(The sum of the secured and unsecured amounts should match the amount in line 7.)
(La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)

Amount necessary to cure any default as of the Petition Date /

Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$

Annual Interest Rate (on the Petition Date)

Tasa de interés anual (cuando se presentó el caso) %

☐ Fixed / Fija

☐ Variable / Variable

11. Is this claim based on a lease?

¿Esta reclamación está basada en un arrendamiento?

☒ No / No

☐ Yes. Amount necessary to cure any default as of the Petition Date.

Si. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$

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FedEx International Air Waybill
Express

1 From
Date: 05/22/18 Sender's FedEx Account Number
Sender's Name: [Handwritten] Phone: [Handwritten]
Company: [Handwritten]
Address: [Handwritten]
City: [Handwritten] State: [Handwritten] ZIP: [Handwritten]
Country: [Handwritten] Postal Code: [Handwritten]
Email Address: [Handwritten]
Internal Billing Reference: [Handwritten]

2 To
Recipient's Name: [Handwritten] Phone: [Handwritten]
Company: PRIME CLERK
Address: [Handwritten]
City: BROOKLYN State: NY ZIP: [Handwritten]
Country: US
Email Address: [Handwritten]
Recipient's Tax ID Number for Customs Purposes: [Handwritten]

3 Shipment Information
Total Packages: [Handwritten] Total Weight: [Handwritten] DIM: [Handwritten]
Commodity Description: Legal Documents
Declared Value for Customs: [Handwritten]
Total Value for Customs: [Handwritten]
Has ESI been filed in AES? [Handwritten]
Has ESI been filed in AES? [Handwritten]
Has ESI been filed in AES? [Handwritten]

4 Express Package Service
NOTE: Service order has changed. Please select carefully.
00 ☐ FedEx Intl. First 01 ☐ FedEx Intl. Priority 03 ☒ FedEx
5 Packaging
06 ☐ FedEx Envelope 07 ☐ FedEx Pak 08 ☐ FedEx Box 09 ☐ FedEx
10 ☐ FedEx 10kg Box 11 ☐ FedEx 25kg Box 12 ☐ Other
6 Special Handling and Delivery Signature Options
01 ☐ HOLD at FedEx Location 03 ☐ SATURDAY Delivery
04 ☐ Direct Signature 05 ☐ Indirect Signature
7 Payment
Complete payment options for both transportation charges and duties and taxes.
8 Required Signature
Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and to the U.S. State Department's Customs and Export Regulations. Certain international countries, including the United States, require a signature for customs and export documentation. The signature must be legible and in ink. The signature must be of the shipper or a person authorized by the shipper to sign for the shipment. The signature must be of the shipper or a person authorized by the shipper to sign for the shipment. The signature must be of the shipper or a person authorized by the shipper to sign for the shipment.

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Prime Clerk
830 3RD AVE FL 9
NEW YORK NY 10022-6561

CDS 05/22/18

LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNCIL

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AUG 18 2021

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Prime Clerk
A KRCOLL BUSINESS

Creditor Data Details - Claim # 28177

Creditor

MARCANO GARCIA, LUIS E

Debtor Name

Employees Retirement System of the Government of the Commonwealth of Puerto Rico

Date Filed

05/22/2018

Claim Number

28177

Schedule Number

n/a

Claim Amounts

Claim Nature General Unsecured

Schedule Amount

C*

U*

D*

Asserted Claim Amount \$102,758.73

C*

U*

F*

Current Claim Value \$102,758.73

Claim Status Subject to ACR

Claim Nature Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

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U*

F*

Current Claim Value

Claim Status

Claim Nature Secured

Schedule Amount

C*

U*

D*

Asserted Claim Amount \$102,758.73

C*

U*

F*

Current Claim Value \$102,758.73

Claim Status Subject to ACR

Claim Nature 503(b)(9) Admin Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

U*

F*

Current Claim Value

Claim Status

Claim Nature Admin Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

U*

F*

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Current Claim Value

Claim Status

Claim Nature	Total
Schedule Amount	\$0.00
C*	
U*	
D*	
Asserted Claim Amount	\$205,517.46
C*	
U*	
F*	
Current Claim Value	\$205,517.46
Claim Status	

*C=Contingent, U=Unliquidated, D=Disputed, F=Foreign

Prime Clerk maintains this website for the public's convenience and for general informational purposes only. Anyone using this website is cautioned NOT to rely on any information contained on this Website, and any user of this website should not take or refrain from taking any action based upon anything included or not included on this website. We are not a law firm or a substitute for an attorney or law firm. Users of this website may want to seek legal counsel on the particular facts and circumstances at issue. All search results provided through this website are qualified in their entirety by the official register of claims and the Schedules of Assets and Liabilities ("Schedules") and Statements of Financial Affairs ("Statements") filed in the bankruptcy case/s of the Debtor/s. Nothing contained on this Site or in the Debtors' Schedules and Statements shall constitute an admission or a waiver of any of the Debtors' rights to assert claims or defenses. Any failure by a Debtor to designate a claim listed on the Schedules as "disputed", "contingent", or "unliquidated" does not constitute an admission that such amounts are not "disputed", "contingent", or "unliquidated." For the avoidance of doubt, listing a claim on Schedule D as "secured," on Schedule E as "priority," on Schedule F as "non-priority," or listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors' right to recharacterize or reclassify such claim or contract. Each Debtor reserves the right to amend their Schedules and Statements as necessary or appropriate. Debtors further reserve the right to dispute, on any grounds, or to assert offsets or defenses to, any claim reflected on their Schedules or filed against a Debtor, including objecting to the amount, liability, classification or priority of such claim, or to otherwise subsequently designate any claim as "disputed," "contingent" or "unliquidated."

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THE COMMONWEALTH OF PUERTO RICO
Government and Judiciary Employees' Retirement System Administration

March 14, 2018

ESTIMATED STATEMENT OF ACCOUNT

Agency: 406 – DEPARTMENT OF THE FAMILY

LUIS MARCANO GARCÍA
COND. PLAZA UNIVERSIDAD
2000, TORRE B APT 811
SAN JUAN, PR 00925

Social security number: XXX-XX-7098

Based on the information in our records, as of 14 March 2018 you had:

Date of Birth: [REDACTED] 1968

Sex: Male

Date of Entry into Public Service: 1 July 1996

Start Date of Contributions: 1 July 1996

Act No. 1 as of 30 June 2013

Act No. 3 as of 30 June 2017

Years accredited: 16.75
Contributions: \$59,712.93
Interest: \$13,149.76
Bookkeeping costs: \$0.00
Total contributions: \$72,897.45
SNC paid: \$0.00
SNC time: \$0.00
Benefit: \$0.00

Time worked: 4.07
Contributions: \$28,003.10
Interest: \$1,892.94
Bookkeeping costs: \$0.00
Total contributions: \$29,896.04
Benefit: \$0.00

It is important to point out that the balance of the individual contribution stated is the accumulation of the amount contributed to retirement as of the date of the most recent payroll processed in the system. The individual contribution and years of service balances provided here are subject to review.

If the information provided does not match that contained in your records, you must inform the Retirement Affairs Coordinator of your agency, or your municipal council. You can also access this information via the Online Services section of the Retirement website: <http://www.retiro.pr.gov>.

We remind you that before submitting a pension claim, you must request an official statement through your Coordinator.

Cordially,

Statement of Accounts Unit
Participants section

Plaza Retiro, 437 Ave. Ponce de León, San Juan, PR 00917-3711
PO Box 42003, San Juan, PR 00940-2203
Tel: 787-754-4545
www.retiro.pr.gov



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THE COMMONWEALTH OF PUERTO RICO
Government and Judiciary Employees' Retirement System Administration

CERTIFICATION OF ESTIMATED CONTRIBUTION BALANCES

RE: LUIS MARCANO GARCIA
COND. PLAZA UNIVERSIDAD
2000, TORRE B APT 811
SAN JUAN, PR 00925

Social security number: XXX-XX-7098

The information below is based on data obtained from our computer systems as of the date of this certification.

It is important to point out that the balance of the individual contribution stated is the accumulation of the amount contributed to ASR as of the date of the most recent payroll processed in the system; therefore, it is subject to review. If the information provided does not match that contained in the client's records, the client must inform the Retirement Affairs Coordinator of their agency, corporation, or municipal council.

CORPORATION: DEPARTMENT FOR FAMILY AFFAIRS

Years of Service: -

Contribution Balance: \$102,758.73

This certification was issued on March 14, 2018.

The Government and Judiciary Employees' Retirement System Administration shall not be held liable for information provided or not provided by the employer.

Certification number: ASR2018031436009858

To verify the validity of this certification, visit the portal of the government of Puerto Rico (<http://www.pr.gov/validacionelectronica/>) or our portal (<http://www.retiro.pr.gov>).

Plaza Retiro, 437 Ave. Ponce de León, San Juan, PR 00917-3711
PO Box 42003, San Juan, PR 00940-2203
Tel: 787-754-4545
www.retiro.pr.gov



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LLC

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IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM BECAUSE THEIR RECORDS SHOW THAT YOUR CLAIM IS DEFICIENT.

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
Marcano Garcia, Luis	27812	5/22/2018	Commonwealth of Puerto Rico	\$20,000.00
Reason:	Proof of claim purports to assert liabilities associated with the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Commonwealth of Puerto Rico or any of the other Title III debtors			

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO, PUESTO QUE LOS DATOS INDICAN QUE SU RECLAMO ES DEFICIENTE.

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
Marcano Garcia, Luis	27812	5/22/2018	Commonwealth of Puerto Rico	\$20,000.00
Base para:	La evidencia de reclamación tiene la intención de formular las responsabilidades asociadas con el Estado Libre Asociado de Puerto Rico, pero no proporciona los fundamentos ni la documentación de respaldo para formular una reclamación contra el Estado Libre Asociado de Puerto Rico, de manera que los Deudores no pueden determinar si el reclamante tiene una reclamación válida contra el Estado Libre Asociado de Puerto Rico o cualquiera de los otros deudores en virtud del Título III.			

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at <https://cases.primeclerk.com/puertorico>. If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en <https://cases.primeclerk.com/puertorico>. Si tiene alguna pregunta, comuníquese con Prime Clerk LLC llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).

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APR 15
2022

*****CUST PR 1845 SRF 38154 PackID: 198 MMLID: 295463 SVC: 121st Omni
Marcano Garcia, Luis
Plaza Universidad 2000
839 Calle Anasco Apt 811
San Juan, PR 00925**

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Exhibit Page 14 of 37

One Hundred and Twenty-First Omnibus Objection
Exhibit A - Deficient

NAME	DATE FILED	CASE NUMBER	DEBTOR	CLAIM #	ASSERTED CLAIM AMOUNT
159 MANON RODRIGUEZ, SANTIAGO BO SABANA LLANA 470 CALLE LAS FLORES SAN JUAN, PR 00923	3/29/2018	17 BK 03566-LTS	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	3090	Undetermined*
Reason: Proof of claim purports to assert liabilities associated with the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico or any of the other Title III debtors					
160 MANUEL CORA VEGA, EDGAR CALLE 10 - 729 BARRIO OBRERO SANTURCE, PR 00913	5/22/2018	17 BK 03566-LTS	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	18946	Undetermined*
Reason: Proof of claim purports to assert liabilities associated with the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico or any of the other Title III debtors					
161 MANUEL TORRES TAPIA URB LOS MAESTROS 760 CALLE TEODORO AGUILAR SAN JUAN, PR 00923-2437	3/13/2018	17 BK 03566-LTS	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	2348	Undetermined*
Reason: Proof of claim purports to assert liabilities associated with the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico or any of the other Title III debtors					
162 MANZANO PEREZ, MARITZA P.O.BOX 10000 SUITE 143 CAYEY, PR 00737	5/8/2018	17 BK 03566-LTS	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	12311	Undetermined*
Reason: Proof of claim purports to assert liabilities associated with the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico or any of the other Title III debtors					
163 MANZO NIEVES, JUANA VILLA PALMERAS 229 CALLE AMPARO SAN JUAN, PR 00915	6/11/2018	17 BK 03566-LTS	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	63772	Undetermined*
Reason: Proof of claim purports to assert liabilities associated with the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico or any of the other Title III debtors					
164 MARCANO GARCIA, LUIS PLAZA UNIVERSIDAD 2000 839 CALLE ANASCO APT 811 SAN JUAN, PR 00925	5/22/2018	17 BK 03283-LTS	Commonwealth of Puerto Rico	27812	\$ 20,000.00*
Reason: Proof of claim purports to assert liabilities associated with the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Commonwealth of Puerto Rico or any of the other Title III debtors					

* Indicates claim contains unliquidated and/or undetermined amounts

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You may also submit your claim electronically by visiting <http://cases.primeclerk.com/puertorico/EPOC-Index>

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

MMLID: 295463

EPOC ID: 17032830075227

CDR 05/22/18

Debtor Commonwealth of Puerto Rico has listed your claim in their Creditor List on Schedule G -- Income Tax Refunds - Corporations and Individuals as a Contingent general unsecured claim in the amount of \$683.00. You must timely file a proof of claim or be forever barred from participating or sharing in any distribution or being treated as a claim for purposes of voting or distribution.

El deudor Commonwealth of Puerto Rico ha listado su reclamación en la lista de acreedores en el Schedule G -- Reembolso de Impuestos - Empresas y individuos como un reclamo Contingente no asegurado por un monto de \$683.00. Debe presentar una prueba de reclamación oportunamente o se le prohibirá por siempre participar o compartir en cualquier distribución o ser tratado como un reclamo para fines de votación o distribución.

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quiénes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

☐ Date Stamped Copy Returned

☐ Not Self-Addressed Stamped Envelope

☒ Copy Provided

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

¿Quién es el acreedor actual?

MARCANO GARCIA, LUIS

Name of the current creditor (the person or entity to be paid for this claim)
Nombre el acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor
Otros nombres que el acreedor usó con el deudor

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MAY 24 2018

PRIME CLERK LLC

825

Claim Number: 27812



170328300752276

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2. Has this claim been acquired from someone else?
☒ No / No
☐ Yes. From whom?
Si. ¿De quién? N/A

¿Esta reclamación se ha adquirido de otra persona?

3. Where should notices and payments to the creditor be sent?
Where should notices to the creditor be sent?
¿A dónde deberían enviarse las notificaciones al acreedor?
Where should payments to the creditor be sent? (if different)
¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
¿A dónde deberían enviarse las notificaciones al acreedor?
Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)

MARCANO GARCIA, LUIS
PLAZA UNIVERSIDAD 2000
839 CALLE ANASCO APT 811
SAN JUAN, PR 00925

025

Name / Nombre N/A
Number / Número Street / Calle
City / Ciudad State / Estado ZIP Code / Código postal
Contact phone / Teléfono de contacto 787-547-4619
Contact email / Correo electrónico de contacto melmaria42@gmail.com

4. Does this claim amend one already filed?
☒ No / No
☐ Yes. Claim number on court claims registry (if known)
Si. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo)
Filed on / Presentada el _____ (MM/DD/YYYY) / (DD/MM/AAAA)

¿Esta reclamación es una enmienda de otra presentada anteriormente?

5. Do you know if anyone else has filed a proof of claim for this claim?
☒ No / No
☐ Yes. Who made the earlier filing?
Si. ¿Quién hizo la reclamación anterior?

¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?

Part 2 / Parte 2: Give Information About the Claim as of the Petition Date
Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.

6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico?
☒ No / No
☐ Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: <https://cases.primeclerk.com/puertorico/>.)
Si. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: <https://cases.primeclerk.com/puertorico/>.)

¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?

Department of the Family

7. Do you supply goods and / or services to the government?
☒ No / No
☐ Yes. Provide the additional information set forth below / Si. Proporcionar la información adicional establecida a continuación.

¿Proporciona bienes y / o servicios al gobierno?

Vendor / Contract Number / Número de proveedor / contrato: N/A

List any amounts due after the Petition Date (listed above) but before June 30, 2017:
Añote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ 20,000.00

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8. How much is the claim? \$ 20,000.00

¿Cuál es el importe de la reclamación?

Does this amount include interest or other charges?

¿Este importe incluye intereses u otros cargos?

☐ No / No

☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

Si. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).

9. What is the basis of the claim?

¿Cuál es el fundamento de la reclamación?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.

Sick leave days accumulated

10. Is all or part of the claim secured?

¿La reclamación está garantizada de manera total o parcial?

☐ No / No

☒ Yes. The claim is secured by a lien on property.

Si. La reclamación está garantizada por un derecho de retención sobre un bien.

Nature of property / Naturaleza del bien:

☐ Motor vehicle / Vehículos

☒ Other. Describe:

Otro. Describir:

Sick leave days accumulated [illeg.] 05/15/2018

Basis for perfection / Fundamento de la realización de pasos adicionales:

Sick leave days accumulated

example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.

Value of property / Valor del bien:

\$ 20,000.00

Amount of the claim that is secured /

Importe de la reclamación que está garantizado: \$

20,000.00

Amount of the claim that is unsecured /

Importe de la reclamación que no está garantizado: \$

20,000.00

(The sum of the secured and unsecured amounts should match the amount in line 7.)

(La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)

Amount necessary to cure any default as of the Petition Date /

Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$

Annual Interest Rate (on the Petition Date)

Tasa de interés anual (cuando se presentó el caso) %

☐ Fixed / Fija

☐ Variable / Variable

11. Is this claim based on a lease?

¿Esta reclamación está basada en un arrendamiento?

☐ No / No

☐ Yes. Amount necessary to cure any default as of the Petition Date.

Si. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$

Modified Official Form 410

Proof of Claim

page 3

12. Is this claim subject to a right of setoff?

☐ No / No

☒ Yes. Identify the property / Sí. Identifique el bien:

Compensation for sick leave days accumulated [illeg.]

¿La reclamación está sujeta a un derecho de compensación?

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☐ No / No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim.

\$ 0.4

¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?

Si. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

Part 3 / Parte 3:

Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

☒ I am the creditor. / Soy el acreedor.

☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 15-05-2018 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name

First name / Primer nombre Middle name / Segundo nombre Last name / Apellido

Title / Cargo

Director, Human Resources Department

Company / Compañía

Department of the Family

Identify the corporate servicer as the company if the authorized agent is a servicer. Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección

Number / Número Street / Calle

839 Calle Linceo Apt 31

City / Ciudad State / Estado ZIP Code / Código postal

San Juan PR 00925

Contact phone / Teléfono de contacto

787-547-1019

Email / Correo electrónico

nelmeyer@

Case:17-03283-LTS Doc#:17493-1 Filed:07/22/21 Entered:07/23/21 14:07:37 Desc:
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FedEx International Air Waybill

8120 6424 3200 04

1 **From**
Date: 05/00/18
Sender's Name: ANGELO (G-4-0)
Company: HARKER CO. (San Francisco)
Address: 300 Calle Legado
City: San Juan
Country: PR
ZIP: 00901
Email Address: (20)
Billing Reference: 1845-02

2 **To**
Recipient's Name: PRIME CLERK
Company: PRIME CLERK
Address: 850 3RD AVE STE 402
City: BROOKLYN
Country: US
ZIP: 11231
State: NY
Postal Code: 11231

3 **Shipment Information**
Total Packages: 1
Shipper's Description: Legal Documents
Total Weight: 1.00 kg
Country of Manufacture: US
Value for Customs: \$100.00
Declared Value: \$100.00
Insurance: Yes

4 **Express Package Service**
NOTE: Service order has changed. Please select carefully.
06 ☐ FedEx Intl. First 01 ☐ FedEx Intl. Priority 03 ☒ Fed
5 **Packaging**
06 ☐ FedEx Envelope 02 ☒ FedEx Pak 03 ☐ FedEx Box 04 ☐ Fed
15 ☐ FedEx 10kg Box 25 ☐ FedEx 25kg Box 01 ☐ Other

6 **Special Handling and Delivery Signature Options**
01 ☐ HOLD at FedEx Location 03 ☐ SATURDAY Delivery
10 ☐ Direct Signature 34 ☐ Indirect Signature

7 **Payment**
Bill transportation charges for:
1 ☐ Sender 2 ☒ Recipient 3 ☐ Third Party 4 ☐ Credit Card
Bill duties and taxes for:
1 ☐ Sender 2 ☐ Recipient 3 ☐ Third Party 5 ☐ Cash/Check

8 **Required Signature**
Sender's Signature: [Signature]
Recipient's Signature: [Signature]
Country Code: FBTA
UNSC Rating: XAUBTA

Case:17-03283-LTS Doc#:17493-1 Filed:07/22/21 Entered:07/23/21 14:07:37 Desc:
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Prime Clerk
830 3RD AVE FL 9
NEW YORK NY 10022-6561

CDS 05122118

LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUN

Creditor Data Details - Claim # 27812

Creditor

Marcano Garcia, Luis

Debtor Name

Commonwealth of Puerto Rico

Date Filed

05/22/2018

Claim Number

27812

Schedule Number

n/a

Claim Amounts

Claim Nature	General Unsecured
--------------	-------------------

Schedule Amount

C⁺U^oD⁺

Asserted Claim Amount

C⁺U⁺F²

Current Claim Value

Claim Status

Claim Nature	Priority
--------------	----------

Schedule Amount

C*

 U^* D^*

Asserted Claim Amount

C⁺

6/8/2021 Case:17-03283-LTS Doc#:17493-1 Filed:07/22/21 Entered:07/23/21 14:07:37 Desc:
<https://cases.primetclerk.com/puertorico/Home-ClaimDetails?id=MT13MzEzOQ==>
Exhibit Page 22 of 37

U*
F*
Current Claim Value
Claim Status
Claim Nature Secured
Schedule Amount
C*
U*
D*
Asserted Claim Amount \$20,000.00
C* C
U* U
F*
Current Claim Value \$20,000.00
Claim Status Subject to ADR
Claim Nature 503(b)(9) Admin Priority
Schedule Amount
C*
U*
D*
Asserted Claim Amount
C*
U*
F*
Current Claim Value
Claim Status
Claim Nature Admin Priority
Schedule Amount
C*
U*
D*
Asserted Claim Amount
C*
U*
F*

<https://cases.primetclerk.com/puertorico/Home-ClaimDetails?id=MT13MzEzOQ==>

2/4

6/8/2021

Case:17-03283-LTS Doc#:17493-1 Filed:07/22/21 Entered:07/23/21 14:07:37 Desc:
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<https://cases.primclerk.com/puertorico/Home-ClaimDetails?id=MTI3MzEzOQ==>

Current Claim Value	
Claim Status	
Claim Nature	Total
Schedule Amount	\$0.00
C*	
U*	
D*	
Asserted Claim Amount	\$20,000.00
C*	
U*	
F*	
Current Claim Value	\$20,000.00
Claim Status	

*C=Contingent, U=Unliquidated, D=Disputed, F=Foreign

Objection History

Date Filed	12/12/2019
Objection Motion	Debtor's Omnibus Objection to Claims - One Hunder...
Date Filed	01/13/2021
Objection Order	ORDER GRANTING 9572 ONE HUNDRED TWENTY-FIRST OMNL
Basis	Deficient
Status	Ordered

Prime Clerk maintains this website for the public's convenience and for general informational purposes only. Anyone using this website is cautioned NOT to rely on any information contained on this Website, and any user of this website should not take or refrain from taking any action based upon anything included or not included on this website. We are not a law firm or a substitute for an attorney or law firm. Users of this website may want to seek legal counsel on the particular facts and circumstances at issue. All search results provided through this website are qualified in their entirety by the official register of claims and the Schedules of Assets and Liabilities ("Schedules") and Statements of Financial Affairs ("Statements") filed in the bankruptcy case/s of the Debtor/s. Nothing contained on this Site or in the Debtors' Schedules and Statements shall constitute an admission or a waiver of any of the Debtors' rights to assert claims or defenses. Any failure by a Debtor to designate a claim listed on the Schedules as "disputed", "contingent", or "unliquidated" does not constitute an

<https://cases.primclerk.com/puertorico/Home-ClaimDetails?id=MTI3MzEzOQ==>

3/4

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6/8/2021 <https://cases.primedock.com/public/Home-ClaimDetails?id=MT13MzEzOQ==>
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admission that such amounts are not "disputed", "contingent", or "unliquidated." For the avoidance of doubt, listing a claim on Schedule D as "secured," on Schedule E as "priority," on Schedule F as "non-priority," or listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors' right to recharacterize or reclassify such claim or contract. Each Debtor reserves the right to amend their Schedules and Statements as necessary or appropriate. Debtors further reserve the right to dispute, on any grounds, or to assert offsets or defenses to, any claim reflected on their Schedules or filed against a Debtor, including objecting to the amount, liability, classification or priority of such claim, or to otherwise subsequently designate any claim as "disputed," "contingent" or "unliquidated."

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Prime Clerk
A KROLL BUSINESS

Creditor Data Details - Claim # 26027

Creditor

Marcano Garcia, Luis

Debtor Name

Commonwealth of Puerto Rico

Date Filed

05/22/2018

Claim Number

26027

Schedule Number

752276

Claim Amounts

Claim Nature General Unsecured

Schedule Amount \$683.00

C* C

U*

D*

Asserted Claim Amount

C*

U*

F*

Current Claim Value

Claim Status

Claim Nature Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

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U*

F*

Current Claim Value

Claim Status

Claim Nature Secured

Schedule Amount

C*

U*

D*

Asserted Claim Amount \$30,000.00

C* C

U* U

F*

Current Claim Value \$30,000.00

Claim Status Asserted

Claim Nature 503(b)(9) Admin Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

U*

F*

Current Claim Value

Claim Status

Claim Nature Admin Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

U*

F*

1000
20/07/2021

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Current Claim Value			
Claim Status			
Claim Nature	Total		
Schedule Amount	\$683.00		
C*			
U*			
D*			
Asserted Claim Amount	\$30,000.00		
C*			
U*			
F*			
Current Claim Value	\$30,000.00		
Claim Status			

*C=Contingent, U=Unliquidated, D=Disputed, F=Foreign

Prime Clerk maintains this website for the public's convenience and for general informational purposes only. Anyone using this website is cautioned NOT to rely on any information contained on this Website, and any user of this website should not take or refrain from taking any action based upon anything included or not included on this website. We are not a law firm or a substitute for an attorney or law firm. Users of this website may want to seek legal counsel on the particular facts and circumstances at issue. All search results provided through this website are qualified in their entirety by the official register of claims and the Schedules of Assets and Liabilities ("Schedules") and Statements of Financial Affairs ("Statements") filed in the bankruptcy case/s of the Debtor/s. Nothing contained on this Site or in the Debtors' Schedules and Statements shall constitute an admission or a waiver of any of the Debtors' rights to assert claims or defenses. Any failure by a Debtor to designate a claim listed on the Schedules as "disputed", "contingent", or "unliquidated" does not constitute an admission that such amounts are not "disputed", "contingent", or "unliquidated." For the avoidance of doubt, listing a claim on Schedule D as "secured," on Schedule E as "priority," on Schedule F as "non-priority," or listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors' right to recharacterize or reclassify such claim or contract. Each Debtor reserves the right to amend their Schedules and Statements as necessary or appropriate. Debtors further reserve the right to dispute, on any grounds, or to assert offsets or defenses to, any claim reflected on their Schedules or filed against a Debtor, including objecting to the amount, liability, classification or priority of such claim, or to otherwise subsequently designate any claim as "disputed," "contingent" or "unliquidated."

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You may also submit your claim electronically by visiting <http://cases.primclerk.com/puertorico/EPOC-Index>

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). / Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).		
<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04760	Petition Date: July 2, 2017

MMLID: 295463

EPOC ID: 17032830075227

CDS 05/22/18

2018 MAY 22 AM 10:17

RECEIVED

Debtor Commonwealth of Puerto Rico has listed your claim in their Creditor List on Schedule G -- Income Tax Refunds. Corporations and Individuals as a Contingent general unsecured claim in the amount of \$683.00. You must timely file a proof of claim or be forever barred from participating or sharing in any distribution or being treated as a claim for purposes of voting or distribution.

El deudor Commonwealth of Puerto Rico ha listado su reclamación en la lista de acreedores en el Schedule G -- Reembolso de Impuestos - Empresas y Individuos como un reclamo Contingente no asegurado por un monto de \$683.00. Debe presentar una prueba de reclamación oportunamente o se le prohibirá por siempre participar o compartir en cualquier distribución o ser tratado como un reclamo para fines de votación o distribución.

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizados. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Part 1 / Parte 1		Identify the Claim / Identificar la reclamación	RECEIVED
1. Who is the current creditor?	MARCANO GARCIA, LUIS		MAY 24 2018
¿Quién es el acreedor actual?	Name of the current creditor (the person or entity to be paid for this claim) Nombre el acreedor actual (la persona o la entidad a la que se le pagará la reclamación)		PRIME CLERK LLC \$25
	Other names the creditor used with the debtor Otros nombres que el acreedor usó con el deudor		

Claim Number: 26027



170328300752276

page 1

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<p>2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Si. ¿De quién? <u>N/A</u></p>	
<p>3. Where should notices and payments to the creditor be sent? ¿Esta reclamación se ha adquirido de otra persona?</p>	
<p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor? Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)</p>	<p>Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor? MARCANO GARCIA, LUIS PLAZA UNIVERSIDAD 2000 839 CALLE ANASCO APT 811 SAN JUAN, PR 00925</p>
<p>Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente) <u>N/A</u></p>	
<p>Contact phone / Teléfono de contacto <u>787-547-4619</u></p>	
<p>Contact email / Correo electrónico de contacto <u>melina.jebk@9mail.com</u></p>	
<p>4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente? <input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) Si. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) <u>2016-05-1341</u></p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación? <input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? Si. ¿Quién hizo la reclamación anterior?</p>	
<p><u>Case-Madeline Acevedo [illegible] Group III has not received payment</u></p>	
<p><u>Atty. Ivonne Gonzalez Morales</u> <u>Atty. Milagros Acevedo Colon</u></p>	
<p>Part 2 / Parte 2: Give Information About the Claim as of the Petition Date Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.</p>	
<p>6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico? <input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.primeclerk.com/puertorico/.) Si. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.primeclerk.com/puertorico/.)</p>	
<p><u>Department of the Family</u></p>	
<p>7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno? <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / Si. Proporcionar la información adicional establecida a continuación:</p>	
<p>Vendor / Contract Number / Número de proveedor / contrato: <u>N/A</u></p>	
<p>List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ <u>30,000.00</u></p>	

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<p>8. How much is the claim? ¿Cuál es el importe de la reclamación?</p>	<p>\$ <u>30,000.00</u></p> <p>Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos?</p> <p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).</p>
<p>9. What is the basis of the claim? ¿Cuál es el fundamento de la reclamación?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.</p> <p><u>Federal Minimum Wage (completing Basic Scale wages)</u></p>
<p>10. Is all or part of the claim secured? ¿La reclamación está garantizada de manera total o parcial?</p>	<p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien.</p> <p>Nature of property / Naturaleza del bien: <input type="checkbox"/> Motor vehicle / Vehículos</p> <p><input checked="" type="checkbox"/> Other. Describe: Otro. Describir:</p> <p><u>Debt incurred by the Agency (Third Complaint), Group III</u></p>
<p><u>The agency made payments under the complaint filed by Group I and Group II; it paid 25% of the debt --?</u></p>	<p>Basis for perfection / Fundamento de la realización de pasos adicionales: <u>de acuerdo con la demanda del Grupo I y el Grupo II, el 25% de la deuda</u></p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.</p>
	<p>Value of property / Valor del bien: \$ <u>30,000.00</u></p> <p>Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ <u>30,000.00</u></p> <p>Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ <u>30,000.00</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)</p> <p>Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ _____</p> <p>Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso) _____ %</p> <p><input type="checkbox"/> Fixed / Fija</p> <p><input type="checkbox"/> Variable / Variable</p>
<p>11. Is this claim based on a lease? ¿Esta reclamación está basada en un arrendamiento?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso \$ _____</p>

Modified Official Form 410

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12. Is this claim subject to a right of setoff? ¿La reclamación está sujeta a un derecho de compensación?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the property / Si. Identifique el bien:	<u>Compensation Matter</u> <u>Federal Minimum Wage ([illegible] scale)</u>
13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? ¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim. Sí. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.	\$ <u>NA</u>

Part 3 / Parte 3:	
<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).</p> <p>Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.</p>	<p>Sign Below / Firmar a continuación</p> <p>Check the appropriate box / Marque la casilla correspondiente:</p> <p><input checked="" type="checkbox"/> I am the creditor. / Soy el acreedor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004. <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.</p> <p>I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct. He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.</p> <p>I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.</p> <p>Executed on date / Ejecutado el <u>05-15-2018</u> (MM/DD/YYYY) / (DD/MM/AAAA)</p> <p>Signature / Firma <u>[Signature]</u></p> <p>Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:</p> <p>Name <u>Luis E. Madecano Garcia</u> First name / Primer nombre Middle name / Segundo nombre Last name / Apellido</p> <p>Title / Cargo <u>Director, Human Resources Department</u> Company / Compañía <u>Department of the Family</u></p> <p>Address / Dirección <u>839 Calle Arasco Apt. 811</u> Number / Número Street / Calle <u>San Juan PR 00925</u> City / Ciudad State / Estado ZIP Code / Código postal</p> <p>Contact phone / Teléfono de contacto <u>787-547-4619</u> Email / Correo electrónico <u>melnajekura@gmail.com</u></p>

Modified Official Form 410

Proof of Claim

page 4

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FedEx International Air Waybill Express

1 From

Date: 05/20/19 Sender's FedEx Account Number: [blank]

Sender's Name: PRIME CLERK LLC Phone: 347-444-7900

Company: PRIME CLERK LLC

Address: 100 Calle Resina St

City: San Juan State: PR ZIP: 00901

Country: PR

Internal Billing Reference: 1845 02 (20)

2 To

Recipient's Name: [blank] Phone: 472-94786

Company: PRIME CLERK

Address: 850 3RD AVE STE 412

City: BROOKLYN State: NY ZIP: 11212

Country: US

Recipient's Tax ID Number for Customs Purposes: [blank]

3 Shipment Information

Total Packages: 1 Net Weight: 1.5 kg DIM: 10x10x10

Commodity Description	Restricted Code	Quantity/Description	Value in Customs
Legal Documents			

Special Services: ☐ Insured ☐ Signature Required ☐ Registered Mail ☐ Priority Mail ☐ Signature Required ☐ Signature Required ☐ Signature Required

4 Express Package Service

NOTE: Service order has changed. Please select carefully.

☐ FedEx Int. First ☐ FedEx Intl. Priority ☒ FedEx Int. Economy

5 Packaging

☐ FedEx Envelope ☐ FedEx Pak ☐ FedEx Box ☐ FedEx Tube

6 Special Handling and Delivery Signature Options

☐ Signature Required ☐ Signature Required ☐ Signature Required

7 Payment

Payment type: ☐ Credit Card ☐ Debit Card ☐ Money Order ☐ Check

8 Required Signature

Signature: [Signature]

Country Code: 1845 02

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Prime Clerk
830 3RD AVE FL 9
NEW YORK NY 10022-6561

CDS 05/22/18

LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUN

17 AUG 2021
1:01 PM EST

Case:17-03283-LTS Doc#:17493-1 Filed:07/22/21 Entered:07/23/21 14:07:37 Desc:
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IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM FOR THE REASON LISTED BELOW.

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
Marcano Garcia, Luis	26027	5/22/2018	Commonwealth of Puerto Rico	\$30,000.00
Reason:	This claim is duplicative of Master Claim nos. 32044 and 103072, which were filed on behalf of all plaintiffs in the litigation captioned <i>Madeline Acevedo Camacho et al. v. Puerto Rico Department of Family Affairs</i> , No. 2016-05-1340 (the "Acevedo Camacho Master Claims"), by the attorney representing plaintiffs in that litigation. The Acevedo Camacho Master Claims are filed on behalf of the "Acevedo Camacho Plaintiff Group" and assert approximately \$50 million in liabilities associated with alleged back pay and allegedly unpaid pension contributions. The plaintiffs in this litigation are former DOFA employees who alleged that DOFA illegally sequestered wages and pension payments as a result of the Office of Public Service Personnel's "General Memorandum No. 5-88." Claimant is a plaintiff in that litigation, and his/her claim asserts the above-referenced litigation and/or liabilities associated with this litigation as its basis.			

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO POR LA RAZÓN INDICADA AQUÍ ABAJO.

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
Marcano Garcia, Luis	26027	5/22/2018	Commonwealth of Puerto Rico	\$30,000.00
Base para:	Este reclamo es un duplicado de los reclamos maestros n.º 32044 y 103072, interpuestos en nombre de todos los demandantes del pleito caratulado <i>Madeline Acevedo Camacho y otros contra el Departamento de Asuntos Familiares de Puerto Rico</i> , N.º 2016-05-1340 (los "reclamos maestros de Acevedo Camacho"), por el abogado patrocinante de los demandantes en dicho pleito. Los reclamos maestros de Acevedo Camacho se presentan en nombre del "Grupo de demandantes de Acevedo Camacho" y reclaman cerca de \$50 millones en obligaciones relacionadas con un supuesto pago retroactivo y supuestos aportes de jubilación impagos. Los demandantes de este pleito son los ex empleados del DOFA que alegaron que DOFA retuvo de manera ilegal salarios y pagos de jubilación, como resultado del "Memorandum general N.º 5-88" de la Oficina del Personal de Servicio Público. El demandante es parte demandante de dicho pleito y su reclamo invoca como fundamento el litigio referido más arriba o las obligaciones asociadas al presente litigio.			

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Three Hundred and Forty-Ninth Omnibus Objection
Annex A: Claims to be dismissed

Claims to be dismissed						Residual claim				
	NAME	DATE SUBMITTED	CASE/DEBTOR NO.	CLAIM NO.	AMOUNT OF CLAIM	NAME	DATE SUBMITTED	CASE/DEBTOR NO.	CLAIM NO.	AMOUNT OF CLAIM
253	LUIS MARCANO GARCÍA PLAZA UNIVERSIDAD 2000 839 CALLE AÑASCO APT 811 SAN JUAN, PR 00925	05/22/18	17 BK 03283-LTS / The Commonwealth of Puerto Rico	26027	\$30,000.00*	MADELINE ACEVEDO CAMACHO ET AL. (2,818 PLAINTIFFS) (COLLECTIVELY THE "ACEVEDO CAMACHO PLAINTIFF GROUP"); CASP CASE NO. 2016-05-1340 PO BOX 9021828 SAN JUAN, PR 00902-1828	06/29/18	17 BK 03566-LTS / Retirement system for government employees of the Commonwealth of Puerto Rico	103072^	\$8,990,000.00
						MADELINE ACEVEDO CAMACHO ET AL. (2,818 PLAINTIFFS) (COLLECTIVELY THE "ACEVEDO CAMACHO PLAINTIFF GROUP"); CASP CASE NO. 2016-05-1340 MS. IVONNE GONZÁLEZ MORALES PO BOX 9021828 SAN JUAN, PR 00902-1828	06/04/18	17 BK 03283-LTS / The Commonwealth of Puerto Rico	32044	\$50,000,000.00

Note: This claim is a duplicate of master claims nos. 32044 and 103072 filed on behalf of all claimants in the lawsuit labelled Madeleine Acevedo Camacho et al. against the Department the Family of Puerto Rico no. 2016-05-1340 (the "master claims of Acevedo Camacho") filed by the lawyer of the claimants in said lawsuit. The master claims of Acevedo Camacho have been filed on behalf of the "Acevedo Camacho Plaintiff Group" and are claiming close to \$50 million in obligations relating to a supposed retrospective payment and supposedly unpaid retirement contributions. The claimants in this lawsuit are the former employees of the DOFA who allege that the DOFA illegally withheld salaries and retirement payments as a result of "General Memorandum no. 5-86" issued by the Public Service Personnel Office. The claimant is a claimant in said lawsuit, and their claim cites as a basis for their case the dispute referred to above or the obligations associated with this dispute.

^Claim no. 103072 also included in Exhibit A of Omnibus Objection No. 337 for incorrectly classified claims.

* This indicates that the claim contains amounts pending payment or undetermined amounts

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Three Hundred and Forty-Ninth Omnibus Objection
Annex A: Claims to be dismissed

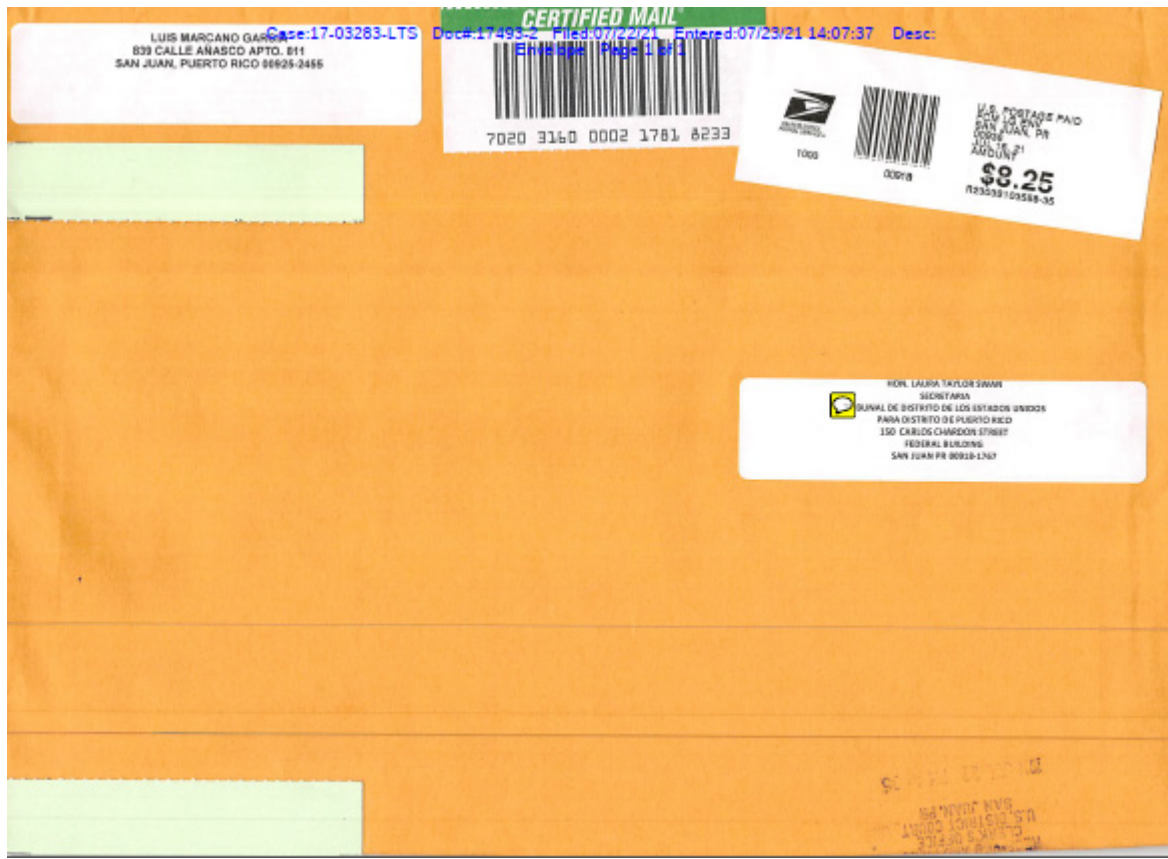
Claims to be dismissed						Residual claim				
	NAME	DATE SUBMITTE D	CASE/DEBTO R NO.	CLAI M NO.	AMOUNT OF CLAIM	NAME	DATE SUBMITTE D	CASE/DEBTO R NO.	CLAIM NO.	AMOUNT OF CLAIM
25 4	MARIN MÁRQUEZ , CYNTHIA CALLE DALIA #33 B BUZÓN 179 BUENA VENTURA CAROLINA , PR 00987	06/25/18	17 BK 03283- LTS / The Commonwealth of Puerto Rico	91136	\$40,606.98 *	MADELINE ACEVEDO CAMACHO ET AL. (2,818 PLAINTIFFS) (COLLECTIVEL Y THE “ACEVEDO CAMACHO PLAINTIFF GROUP”); CASP CASE NO. 2016- 05-1340 PO BOX 9021828 SAN JUAN, PR 00902-1828	06/29/18	17 BK 03566- LTS / Retirement systems for government employees of the Commonwealth of Puerto Rico	103072 ^	\$8,990,000.00
						MADELINE ACEVEDO CAMACHO ET AL. (2,818 PLAINTIFFS) (COLLECTIVEL Y THE “ACEVEDO CAMACHO PLAINTIFF GROUP”); CASP CASE NO. 2016- 05-1340 MS. IVONNE GONZALEZ MORALES PO BOX 9021828 SAN JUAN, PR 00902-1828	06/04/18	17 BK 03283- LTS / The Commonwealth of Puerto Rico	32044	\$50,000,000.0 0

Note: This claim is a duplicate of master claims nos. 32044 and 103072 filed on behalf of all claimants in the lawsuit labelled Madeleine Acevedo Camacho et al. against the Department for Family Affairs of Puerto Rico no. 2016-05-1340 (the “master claims of Acevedo Camacho”) filed by the lawyer of the claimants in said lawsuit. The master claims of Acevedo Camacho have been filed on behalf of the “Acevedo Camacho Plaintiff Group” and are claiming close to \$50 million in obligations relating to a supposed retrospective payment and supposedly unpaid retirement contributions. The claimants in this lawsuit are the former employees of the DOFA who allege that the DOFA illegally withheld salaries and retirement payments as a result of “General Memorandum no. 5-86” issued by the Public Service Personnel Office. The claimant is a claimant in said lawsuit, and their claim cites as a basis for their case the dispute referred to above or the obligations associated with this dispute.

^Claim no. 103072 also included in Exhibit A of Omnibus Objection No. 337 for incorrectly classified claims.

* This indicates that the claim contains amounts pending payment or undetermined amounts

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TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)
TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 26027 ECF No. 17493**

Signed this 17th day of August 2021



Verify at www.atanet.org/verify

A handwritten signature in blue ink, appearing to read 'Andreea Boscor', written over a horizontal line.

Andreea I. Boscor

